TENNESSEE HOUSING DEVELOPMENT AGENCY EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT.			
TO: (Name & address of employer)		Date:	
RE:			
Applicant Name	Social Security N	umber	Unit No. (if assigned)
I hereby authorize release of my employmer	nt information.		
Signature of	f Applicant		Date
The individual named directly above is an apporovided will remain confidential to satisfaction	olicant/tenant of a housing program the of that stated purpose only. Your pro	at requires verifica ompt response is cr	tion of income. The information ucial and greatly appreciated.
Signature of Manager/Mar	nagement Company	_	Date
THIS	SECTION TO BE COMPLETED B	Y EMPLOYER	
Employee Name:	Job Title:		
Presently Employed: Yes Date F	First Employed No	Last Day o	f Employment
Current Wages/Salary: \$	(Circle) Hourly Weekly Biweek	sly Semimonthly	Monthly Annually Other
Average No. of regular hours per week:	Year to date earnings:	N/A	through <u>N/A</u>
Overtime Rate: \$	per hour. Average number	of overtime hours p	per week:
Shift Differential Rate: \$	per hour. Average number of s	hift differential hou	rs per week:
Commissions, Tips, Bonuses: \$	(Circle) Hourly Weekly Biweek	sly Semimonthly	Monthly Annually Other
List any anticipated change in the employee'	's rate of pay within the next 12 month	ns:	
Effective date		_ Effective date of	change:
If the employee's work is seasonal or sporad	dic, please indicate the layoff period(s)	:	
Additional remarks:			
Employer's Signature	Employer's Printed	Name	Date
	Employer (Company) Name and Add	dress	
Telephone Number	Fax Number	-	E-mail Address

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.